Office of Quality and Performance

QUALITY Resources

In this Issue

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Supporting clinicians, managers and employees in improving care for Veterans

Issue 1, February 2002

Veterans Health Administration
Department of Veterans Affairs

QUALITY *Resources* - More Than Just Dollars

by Jonathan B. Perlin, MD, PhD, MSHA, FACP, Chief Quality and Performance Officer, Veterans Health Administration

Healthcare in the 21st century will be about finding the most useful and efficient means of providing healthcare to our patients. It will take resources - and lots of them! Welcome to our first issue of Quality Resources. The resources we'll be exploring in this publication extend well past the more traditional view of dollars as the primary resource. We will be looking more broadly at the available resources of time, staffing, space, our creative energies and most importantly – our understanding of how to communicate and work more effectively with each other. This publication is dedicated to the honest expression of ideas that will help us discover better ways to use our available resources to improve healthcare for all Veterans. It will also serve as a forum for soliciting much needed feedback from the clinicians and healthcare professionals we support and on whom our Veterans and their families depend.

I have long wondered how some organizations quickly adapt to achieve best practices despite an environment of constraint and what practices they use to manage their available resources. If we know how and where to look, then we can learn much from these organizations – many of which are in our own Veterans Health Administration (VHA) healthcare system. We hope each publication of Quality Resources stimulates a significant amount of dialog about the subjects presented. Your feedback to me or any member of my staff will be greatly appreciated and used in creating a better publication for you.

This publication is dedicated to the honest expression of ideas...to improve healthcare for all Veterans.

This first publication describes new quality and performance initiatives and services now available or soon to be available at all Networks and VA medical facilities. I think you will find the articles describing the new Survey of Health Experience of Patients (SHEP) and the Consolidation of Performance Data exciting. Our emerging Web-Based Performance Reporting System will provide users with the ability to access, customize when needed, and interpret performance data. Updates are also provided in this publication on the Credentialing and Privileging and Accreditations Web Sites and on Clinical Practice Guidelines and the just-released Functional Status Reports.

QUALITY *Resources* will be distributed each quarter by email to managers, clinicians and quality and safety professionals throughout the VHA. Non-VA clinicians and health care professionals will also be invited to sign on to our mailing list. A limited number of paper copies will be produced for use on request. Each issue of Quality Resources will be available on both our Intranet and Internet Web Sites at vaww.oqp.med.va.gov and www.oqp.med.va.gov, respectively. Through the use of hyperlinks, we are designing this electronic publication to be as interactive as possible so you may explore more fully the stories and information presented. On behalf of the entire Office of Quality and Performance (OQP) staff, we hope you find this type of format useful and we look forward to your suggestions and comments.

Comments/Suggestions
mail to:
jonathan.perlin@hq.med.va.gov

Three Interlinked Services Available in 2002

by Everett Jones, MD, Director, Performance Analysis Center for Excellence / OQP

The new Performance Analysis Center for Excellence (PACE) is a team within the Office of Quality and Performance located in Central Office and Durham, North Carolina. Our role is to collect and convert broad, system-wide data into compelling, actionable information at the front lines of care. Three interlinked activities are now being designed to accomplish this: Survey of Health Experience of Patients (SHEP); Performance Data Consolidation Initiative; and Activation of Web-Based Performance Reports. The following three articles provide key information on each of these developments.

Survey of Health Experience of Patients (SHEP)

The Office of Quality and Performance currently follows a longstanding approach of assessing VHA's quality of care along a number of dimensions – patient satisfaction, functional outcomes, Veterans' personal health practices, and clinical measures--each with separate indicators, separate samples of Veterans' populations, and separate data analyses and reports. While each of these alone provide meaningful and well reasoned evaluations of a given aspect of care, healthcare providers at each level of VHA often can not easily see the possible linkages between them.

This approach precludes the use of other elements such as disease specific scales that may prove of value at all levels of the VHA. Nor does it allow for powerful, selected analyses linked to other VHA databases such as the rich clinical and cost databases of the Austin Automation Center (AAC) and lastly, is not resource efficient. Presently, each patient survey samples separate Veteran populations leading to a relatively high time burden for Veterans to complete the relevant survey. Each survey requires contract costs for mailing and analysis of results; resources for reporting and distribution; and, local staff time to analyze and interpret report results and develop actionable recommendations based on findings. SHEP, when coupled with the Performance Data Consolidation Initiative, is designed to correct many of these weaknesses.

OQP/PACE will begin to collect patient self-reported information on:

1. Satisfaction
2. Functional outcomes (SF-12V)
3. Healthy behaviors (equivalent to Prevention Index)
4. Patient perceptions of safety in hospital and clinic settings
5. Selected modules (e.g. based on high volume diagnoses or procedures)

Each of these key elements of care will be collected at the same time in a Survey of Health Experience of Patients in ambulatory care, administered four times a year. Each quarterly sample size will be sufficient to allow for valid statistical results at the national, network, facility and clinic levels. Data for each survey will be analyzed and posted on the OQP Web Site on a quarterly basis for your use. We anticipate posting this information for the first time by the **3nd quarter of FY2002**. Later in the year, we plan to augment the four key elements of the SHEP with the addition of the first of a series of modules, each of which will be designed to target a specific area of interest to VHA based on high volume diagnoses and/or procedures. One example currently under con-

sideration is to include symptom scales for common diseases in the VA such as Diabetes, Heart Disease, Chronic Obstructive Pulmonary Disease (COPD) and Major Depressive Disorder (MDD) for Veterans within a given sample with the qualifying diagnosis. The intent is to develop relational data that will allow us to conduct powerful, selected, cohort analyses.

Data from the SHEP will be used in the Performance Data Consolidation Initiative whereby information on all key elements of care can be analyzed against External Peer Review Program (EPRP) data and other clinical or outcome-proxy data to provide sophisticated in-depth information to guide VHA-wide efforts. This information, in turn, will be interpreted in light of relevant evidence-based medicine approaches to guide the development of still more clinically meaningful performance measures in future years, and to develop actionable recommendations for improvement.

Comments/Suggestions
mail to:
everett.jones@med.va.gov

Performance Data Consolidation Initiative

by Steven Wright, PhD, Director for Analysis, Office of Quality and Performance/PACE

The Office of Quality and Performance uses many heterogeneous sources of data to support the measurement of quality and performance of the VA healthcare system. The most prominent data sources include patient medical records and Veterans Health Information Systems and Technology Architecture (VISTA), used by EPRP; patient surveys, which measure, among other things, patient satisfaction and functional status; and frequently, extracts from VA administrative data such as the National Patient Care Database. Historically, data has been independently collected, stored and analyzed with only modest attention to possible synergies between sources. The current development of a Performance Data Consolidation Initiative creates a new paradigm for organizing and analyzing quality and performance data that maximizes opportunities to link multiple sources of information, conduct robust analyses at the patient level, and provide web-enabled access to data for quality managers at all organizational levels. When completed, consolidated performance data will be easily accessed on the OQP Web Site.

The Performance Data Consolidation Initiative will directly support management's decision-making process. It will utilize a set of hardware and software components that, when fit together, can be used to better handle and analyze vast amounts of data in an organization. There are several essential building blocks. *First,* existing data must be transformed, loaded, and indexed so that new data structure is well integrated. *Second,* we need a powerful database server that is capable of providing rapid response to user queries. *Third,* we need a web-based interface that lets a significant number of users connect to the consolidated data. *Finally,* we need the tools to manage a system that can continue to grow and expand to meet future analyses needs.

Our goal is to create a decision support capability for clinicians and healthcare professionals that provides the right information in the right place at the right time in order to support the right decisions about quality improvement in the VA. The cornerstone of the consolidation initiative is the utilization of relational database architecture, complimented by the sampling approach of the new SHEP. This sampling approach will allow the inclusion of varied quality and performance measurement data so that significantly more patient level information can be sorted and analyzed. End-users will be able to analyze data across a variety of dimensions including, but not limited to, organizational level (network, hospital, clinic), time (yearly, quarterly, monthly), patient demographics (gender, age), patient priority level, and disease category (Diagnostic Related Groups [DRG], Major Disease Groups).

The first phase of the initiative is now underway and will start with data required by the performance measurement program. EPRP and other corporate data will be included and end-user access will be available for performance measurement reports through a web-based interface. As the SHEP comes online, patient satisfaction, functional status, and other health behaviors data will be added. Our expectation is to capture all quality and performance data and provide clinicians and quality managers the capacity to examine these data in novel ways that support quality improvements at the point of care.

Comments/Suggestions
mail to:
steven.wright@hq.med.va.gov

Activation of Web-Based Performance Reports

by Stanlie Daniels, RN, Director for Performance Measures, Office of Quality and Performance/PACE

Data...data everywhere but where is the information I need to understand and improve patient care? As OQP moves to consolidate performance data into a relational framework, we are also moving toward a goal of providing up-to-date, comprehensive information about our organization that allows for full identification of our successes and analysis of our opportunities for improvement. To that end, the third, parallel phase of our Interlinking Services project is the development of an interactive, Web-Based Reports and Queries function.

The Reports and Queries function on the OQP Web Site will provide information at field, Network and VHA levels that support the following criteria:

1) Ability to provide succinct, executive level 'Briefing Books' in relation to the annual and VHA strategic performance plan. These briefing books will include an alert process that notifies a leader when an indicator is meeting the expected goal (green), or beginning to drop in performance, but before performance falls below expectation (yellow), or when the performance currently is below expectation (red).

2) Ability for many levels of sorting by facility, Network and VHA levels across time. The ability to sort in a relational process that translates data into information. Examples of sorting possibilities include, but are not limited to:

- Domains of Value – Quality, Access, Satisfaction, Functional Status, Cost, Building Healthy Communities
- Levels of Care – Acute Care, Home Care, Nursing Home Care, Ambulatory Care, Residential Care, etc.
- Types of Care – Mental Health, Medical, Surgical, Geriatric, etc.
- Diagnostic Cohorts – Diabetes, Congestive Heart Failure (CHF), COPD, Substance Abuse, etc.
- Patient Characteristics – Age Groupings, Gender, Ethnicity
- Organization Characteristics – Large/Small Facility, Urban/Rural, Affiliated/Not Affiliated, VA Community-based Outpatient Clinics (CBOCs)/Contract CBOCs, etc.
- Business Practices – Clinical Utilization Data Such as Bed Days of Care (BDOC), Readmission Rates, Average Length of Stay (LOS), Core Financial Indicators, etc.
- Provider Type – Physician, Nurse, Pharmacist, Nutritionist, Social Worker, Psychologist, etc.

3) Ability to easily and quickly present results in multiple formats (e.g., change look of data from a bar graph to a line graph, addition of another set of data, change in time frame, etc.) All this can be done with simple, intuitive steps.

4) Ability to drill down and up within data.

5) Ability to easily compare data at any point within specific time frames to similar VHA, private sector and/or national benchmark (VA or non-VA) data.

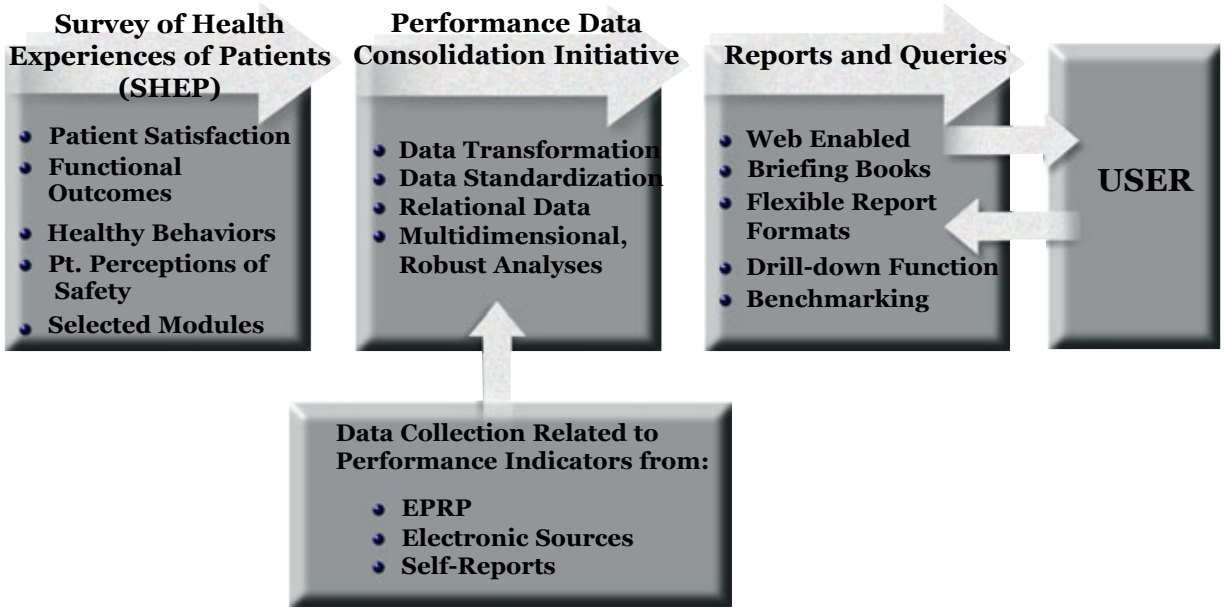
As the Reports and Queries process is developed, OQP will work with our unique 'customers' (VHA, Network and field) to identify key needs. It is our goal to develop standard reports for the bulk of the information needed to manage and improve an organization's processes and outcomes. We want to decrease the set-up burden of moving data into information, while at the same time providing for customized searching ability for the selected queries that organizations will require from time to time.

In addition to development of standard and selected reports, we expect to provide references to clarify and define what is being measured and to support analysis of the information. This will be accomplished with links that: easily move to the Technical Manual, which defines each indicator; identify other resources within VHA and the private sector that could potentially assist in improvement; go to other applicable Internet sites; and, go to our own clinical guidelines.

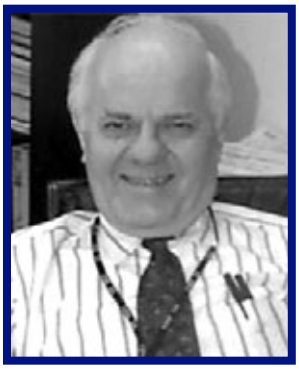
The ability to quickly stratify data into information that allows us to celebrate our successes, while at the same time identifying opportunities for improvement in a manner that compels action, is one of the hallmarks of a learning organization. We expect the Reports and Queries process will be a valuable tool in assisting in VHA's continued transformation.

Comments/Suggestions
mail to:
stanlie.daniels@hq.med.va.gov

Summary of OQP Interlinked Services



New Products for VA Healthcare Professionals



by Thomas Craig, MD, MPH, FACPM, Senior Medical Officer, Office of Quality and Performance

The Office of Quality and Performance is pleased to announce the following new products available for use in the field as aids in quality improvement activities. Information on accessing these tools is available on the OQP Web Site at www.oqp.med.va.gov/. We solicit your comments and suggestions both on the usefulness of these tools and ways in which they can be improved to better serve your needs.

Accreditation Web Site

The OQP Web Site, launched in May 2001, provides a wealth of information regarding VHA's Accreditation Program. The Accreditation page includes up-to-date information on Joint Commission on Accreditation of Healthcare Organizations (JCAHO) including scores, survey schedules and surveyors, presentations from Network Orientations, and VA/private sector comparisons. For the first time, information on The Rehabilitation Accreditation Commission (CARF) is available, including a list of the most up-to-date accredited programs, a list of Network liaisons, and the 2001 Business Plan - and with much more to come. In addition, you can learn more about the ORYX Performance Measurement requirements for VHA. For example, you can review the list of currently selected measures and profiles, reporting timetable, facility requirements, ORYX presentations, and a sample of JCAHO's Pre-Survey Report.

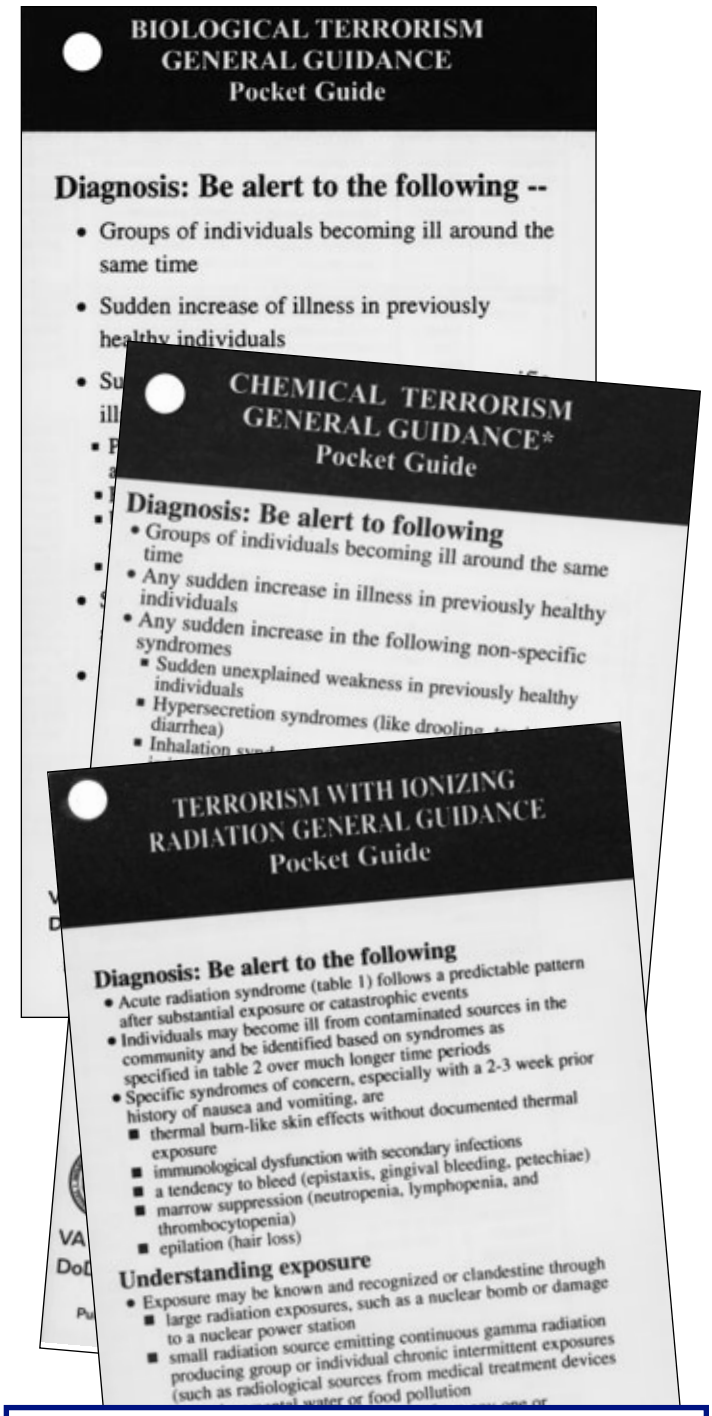
For more information, feel free to contact Patricia O'Bryant, Director, Accreditation Programs, **202-273-8334**, or email at patricia.obryant@hq.med.va.gov

Clinical Practice Guidelines

New Clinical Practice Guidelines: Five new clinical practice guidelines have been recently approved for release by the National Council for Clinical Practice Guidelines: Substance Use Disorder, Ischemic Heart Disease, Dyslipidemia, Management of Postoperative Pain, and Management of Medically Unexplained Symptoms: Chronic Pain and Fatigue. We anticipate these to be released to the field in the near future with full tool kits as noted below. When completed they will be available on the OQP Web Site at www.oqp.med.va.gov/cpg/cpg.htm

Clinical Practice Guidelines Satellite Conferences: Two recent satellite conferences have been broadcast and are currently available on tape for viewing: Tobacco Use Cessation (aired 9/19/01) and Substance Use Disorder (aired 10/31/01). Both tapes should be available in facility libraries. They provide a comprehensive overview of the key guideline points in these areas and helpful implementation strategies.

Clinical Practice Guideline Provider Tools: In response to field requests and national survey data, The National Council for Clinical Practice Guidelines is in the process of releasing a set of provider tools to accompany all current guidelines. In addition to the Guideline Reference Manuals which have been distributed, each guideline will have a full set of brief (bullet) 3x5 cards which outline the key points of the guidelines; color Pocket Cards (fold-out summaries of key guideline modules for use by clinicians in the clinic and at the bedside); and, Guideline Summaries which describe the guideline algorithms and modules for reference use in the clinic and inpatient unit workstations. A portion of the recently released Tobacco Use Cessation Pocket Card is reproduced on page 9 as an example of one such tool. The aim of these tools is to make the essential elements



Laminated pocket cards related to Biological,Chemical and Radiation Induced Illnesses have recently been sent to your facility, and are also available in Microsoft Word and PDF files for download or print from the OQP Web Site. These cards, developed by the office of Public Health and Environmental Hazards, reflect close collaboration between VA and the Department of Defense.

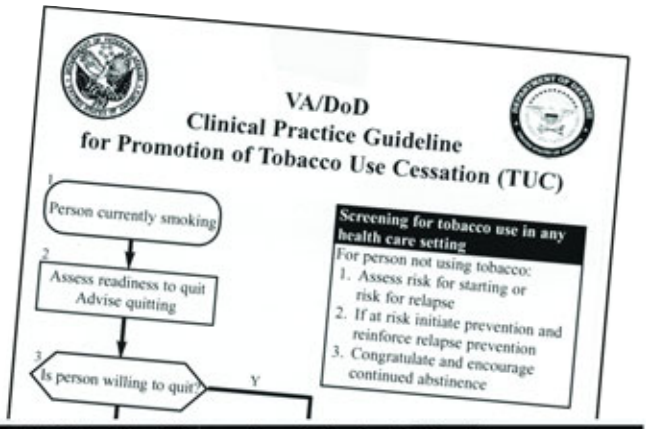
of the guidelines immediately available in user friendly formats which help the provider fulfill their commitment to the highest quality of patient care. These tools are being distributed to all VHA facilities. Please contact your facility education liaison or Chief of Staff's office for details. In addition, the tools are available for review and printout on the OQP Web Site at: www.oqp.med.va.gov/cpg/cpg.htm

Clinical Reminders: In response to a request from the Deputy Under Secretary for Health, OQP is undertaking the development of national clinical reminders. These reminders will support implementation of clinical guidelines and collection of performance data. The first such reminder, related to the treatment of Hypertension, will be available in the near future. It can be viewed on the OQP Web Site at: www.oqp.med.va.gov/cpg/cpg.htm

For more information, please contact Debby Walder RN MSN, Director, External Peer Review Program, **202-273-8336** or email at: debby.walder@hq.med.va.gov

Functional Status Reports

Three new reports have been published by OQP and are based on the Large Health Survey of VHA Enrollees in FY 1999. This survey, conducted by the Bedford Center for Health Quality, Outcomes, and Economic Research and sponsored by OQP, involved responses from nearly 900,000 enrollees and was designed to enhance VHA's understanding of current and potential patients and their perspectives on health-related questions. The first report, distributed in December 2001, deals with enrollees' **use of tobacco and smoking cessation services**. The second report, which will be distributed in January 2002, addresses enrollees' **alcohol consumption and use of alcohol treatment services**. The third report, which will also be distributed in January 2002, discusses enrollees' **health insurance and utilization of non-VHA health care providers**. Each of these three new studies represents both VHA's progress and continuing challenges. An additional report focusing on enrollees' nutrition and physical activity will be published in the 2nd quarter FY2002, as well as a final report describing the changes in functional status over time for enrollees in each VISN.



Suggestions for the Clinical Use of Pharmacotherapies for Smoking Cessation

Nicotine replacement products — *Check the formulary for availability.*

Drug	Dosage	Contraindications	Adverse Reactions	Drug Interactions
Transdermal Nicotine	**Heavy dependence** > 24 cigarettes/day High dose (21 mg) for 6 weeks, then intermediate does (14 mg) for 2 weeks, then low dose (7 mg) for 2 weeks **Mild dependence** † 24 cigarettes/day Intermediate dose (14 mg) for 6 weeks, then low dose (7 mg) for 2 Taper over 2 weeks	Allergy, pregnancy (Risk Category D)	Sleep disturbances, skin irritations	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Polacrilex Nicotine	> 25 cigarettes/day; 4 mg strength † 25 cigarettes/day; 2 mg strength One piece of gum q 1 to 2 hr for 6 weeks Taper over 6 weeks	Allergy; pregnancy (Risk Category C)	Nausea, dyspepsia, jaw fatigue, dependency	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Nasal Spray Nicotine	8 to 40 mg/day (average 15 mg) for 8 weeks Taper over 6 weeks	Allergy; pregnancy (Risk Category D)	Nasal and/or throat irritation, dependence	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Oral Vapor Nicotine-Inhaler	6 to 16 cartridge/day for 12 weeks (each cartridge is 4 mg) Taper over 6 to 2 weeks	Allergy; pregnancy (Pregnancy Category D)	Mouth and throat irritation, dependence	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs

Non-Nicotine Tobacco Cessation Product — *Check the formulary for availability.*

Drug	Dosage	Contraindications	Adverse Reactions	Drug Interactions
Bupropion SR	150 mg qd for 3 days, then 150 mg bid for 7 to 12 weeks	Seizure disorders, predisposition to seizures, MAOIs, allergy (Pregnancy Category B)	Sleep disturbances, dry mouth	Selected antidepressants (MAOIs, norepinephrine re-uptake inhibitors), drugs metabolized by CYP2B6 and CYP2D6

All reports pertaining to Functional Status, when published, are available on the OQP WebSite at: vaww.oqp.med.va.gov/oqp_services/functional_ assessments/func_assess.asp/

For more information, please contact Ron Goldman, Ph.D, Director, Functional Status Assessment, **202-273-8330** or email at: ronald.goldman@hq.med.va.gov

Credentialing and Privileging Web Site

VHA's Credentialing and Privileging Program supports certain patient safety activities that have high visibility both in VHA and in healthcare in general. This program is designed to provide the foundation for safe, high-quality care through effective credentialing and privileging practices. VA's Electronic Credentials Data Bank VetPro at: fcp.vetpro.org/ is now fully operational. All VA medical centers are on-line with over 350 credentialers working in VetPro and nearly 25,781 providers enrolled. Of these providers, 5,287 are appointed and 9,772 are in process. In support of all credentialing activities, the National credentialing conference calls will continue once a month (1st Tuesday-11a.m. EST), and VetPro calls will continue twice a month (1st & 3rd Thursdays-3p.m. EST). E-mail reminders are sent to VHA credentialer's mail group prior to conference calls.

For additional information contact Kate Enchelmayer, Director, Credentialing and Privileging, at: kathryn.enchelmayer@hq.med.va.gov or **202-273-7464**. Questions may also be addressed to Michael Mani at: michael.mani@med.va.gov or **301-443-9903**, and John Strathman at: john.strathman@med.va.gov or **301-443-9904**.

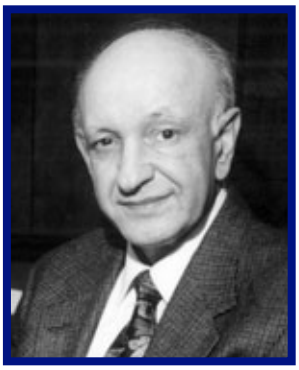
VA HIV Prevention Handbook to Be Published

The VHA's Public Health Strategic Health Care Group published and distributed *The VA HIV Prevention Handbook: A Guide for Clinicians*, in January 2002. The purpose of the *Handbook* is to assist VA healthcare providers with translating the findings of HIV prevention research into everyday practice in clinical settings.

The HIV prevention and transmission information ranges from the basics to tips for the provider who has significant experience in HIV prevention. The *Handbook* includes references to a variety of VA directives and informational letters that affect HIV/AIDS care in VA medical facilities. These directives and informational letters address topics such as HIV testing and counseling (including informed consent), partner notification, and condom availability through the VHA National Formulary.

For more information on the *Handbook*, please contact Dr. Kim Hamlett-Berry at kim.hamlett@hq.med.va.gov or 202-273-8929.

HSR&D Strengthens Quality Improvement Efforts



by John G. Demakis, MD, Director, Health Services Research and Development Service, Veterans Health Administration

Health Services Research and Development Service (HSR&D) is happy to contribute information to *Quality Resources*. It is our goal to use every forum possible to provide evidence-based research information to VHA managers to assist them in their continuous efforts to afford the highest quality of care to the nation's Veterans.

For example, pressure ulcers are a common medical problem associated with considerable morbidity, particularly for patients with long-term care needs such as those in nursing homes. An HSR&D study examined factors that promote the successful implementation of clinical practice guidelines to improve pressure ulcer care. Investigators studied 36 VA nursing homes to identify how these facilities accomplished successful implementation so that pressure ulcer care could be improved system-wide. This report assists VA healthcare providers in adopting clinical guidelines that result in improved patient care.

Another HSR&D study evaluated Automated Telephone Disease Management (ATDM) for veteran patients with diabetes. The ATDM intervention uses voice recognition technology and allows patients to report information about their health status and health behaviors between clinic visits.

The Diabetes QUERI group is working with primary care physicians to improve blood pressure control among Veterans with diabetes in order to reduce complications of hypertension.

Based on their reports, patients receive individualized, self-care education messages and follow-up by a nurse educator. Study results show that ATDM-supported care improves patients' access to guideline-recommended services, decreases their symptoms, and increases their satisfaction with care.

HSR&D investigators also evaluated VA's new Community-Based Outpatient Clinics (CBOCs). Between 1995 and 2000, VA opened 242 CBOCs to allow more convenient access to care for Veteran patients. This study demonstrates that on most measures CBOCs' performance was equivalent to their affiliated VA medical center, yet, on average, the total cost of healthcare was considerably lower for CBOC patients. These findings demonstrate that while the cost of patient care was lowered, the standard of care was not.

HSR&D's Quality Enhancement Research Initiative (QUERI) continues to break new ground in quality improvement. QUERI is designed to translate research into better patient care and system-wide improvements. QUERI currently targets nine diseases/conditions that are prevalent among the Veteran population: Colorectal Cancer, Chronic Heart Failure, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, Stroke, and Substance Abuse.

Since it's inception four years ago, QUERI investigators have made great progress. The Mental Health QUERI is improving medication management in mental health by encouraging the treatment of Veterans with schizophrenia by the use of newer antipsychotic agents that have a more favorable side effect profile than traditional antipsy-

chotics. The Diabetes QUERI group is working with primary care physicians to improve blood pressure control among Veterans with diabetes in order to reduce complications of hypertension. This is critical because middle-aged persons with diabetes have two to four times the risk of coronary artery disease and stroke compared to similar persons without diabetes. One of the Spinal Cord Injury QUERI group's major efforts has been to increase the number of Veterans with SCI who receive influenza vaccine in order to reduce the incidence of respiratory disease, the leading cause of death among this population during the first year after the injury. In addition to numerous ongoing research projects, strong collaborations are being forged within VA, as with the Office of Quality and Performance, and across federal government agencies, including increasing ties with the Agency for Health Research and Quality (AHRQ).

HSR&D will continue to increase knowledge and promote innovations in priority areas that are crucial to improving the quality of care for Veterans.

For more information about HSR&D, visit our Web Site at www.hsrd.research.va.gov

HOT TOPICS: Reviews of VHA Quality Programs

by Louise R. Van Diepen, MS, CPG, Executive Officer, Office of Quality and Performance

This column provides current information on inquiries regarding VHA quality and performance issues raised by the following stakeholders: Office of Management and Budget (OMB), Congress, the Office of Healthcare Inspections of the Office of the Inspector General (OHI/OIG), and the General Accounting Office (GAO).

1. During May and June 2001, there were numerous briefings between VHA and OMB on **Clinic and Provider Waiting Times** and VHA performance relative to waiting time measures and other performance indicators. Both the House and Senate Appropriations Committees asked for specific information on VHA's plans to improve performance.

2. Senator Rockefeller's staff outlined plans for a year-long study of all of **VHA's quality and safety management activities** to better understand the linkages between various programs. The study will also critique VHA's responses to recommendations in previous oversight reports. The Senator's staff met in early August 2001 with the members of the Under Secretary's Coordinating Council on Quality and Safety to describe the scope and intent of the study and to coordinate logistics. OQP chairs the Steering Group that is coordinating the Study.

3. OHI/OIG met with VHA in July 2001, to share selected findings from their routinely scheduled Combined Assessment Program (CAP) reviews at VA medical facilities. During the CAPs, OHI reviewers have concentrated on selected themes or issues. This particular summary of findings focused on **prescribing practices in the use of narcotics for mental health patients** and included a finding of underutilization of methadone programs.

4. OHI/OIG in August 2001, announced that they had recently formalized a CAP work plan for FY02 that would focus on **all aspects of quality management (QM) in VA Medical Centers (VAMCs)** OIG project managers may

contact VHA program offices, Veterans Integrated Service Networks (VISNs), or VAMCs other than those who will have a CAP during the year, as part of their work to understand national issues and program management, etc.

5. In September 2001, OHI/OIG, in another summation of a series of CAP reviews, met with VHA regarding its **Pain Management (PM)** Initiative. The 5th Vital Sign had been implemented at all facilities visited – however, the degree of implementation varied widely. OHI reported outdated or missing policies on PM, lack of documentation of PM training, evidence of non-supportive clinical culture for PM, lack of consistent documentation of pain as a vital sign, failure to question patients about current or previous pain treatments and their effectiveness, and failure to document discussions of PM with the patient or family during discharge.

6. OHI/OIG conducted an entrance briefing in October, 2001, to discuss their proposed review of provider information that is contained in the **National Practitioner Data Bank and in VHA's VetPro system.** This project will assess how information is reported to the two systems, how the data is used by medical facilities, and the status of implementation of the VetPro program to date.

7. In August 2001, VHA responded to GAO's draft report to the Honorable Christopher Smith, Chairman, and the Honorable Lane Evans, Ranking Democratic Member, House Committee on Veterans' Affairs, entitled **"VA Health Care: More National Action Needed to Reduce Waiting Times, but Some Clinics Have Made Progress (GAO-01-953)"**. VHA's response outlined the many actions that VHA has taken to monitor and improve waiting times.

8. In September 2001, GAO conducted an entrance briefing on a review they are initiating (at the request of the House Veterans' Affairs Committee/HVAC) regarding **VA's policy on prescribing atypical antipsychotic medications.** In particular, GAO will attempt to assess if VA's clinical guidelines for prescribing these medications are consistent with best medical practices.

9. In September 2001, GAO conducted an entrance briefing on their upcoming assessment of **VA's Resident Supervision** policies, procedures and compliance monitoring. Requested by Senator Rockefeller, Senate Veterans' Affairs Committee Chairman, the review will focus on quality of care/patient safety implications.

10. GAO updated VHA program managers in October 2001, on their ongoing review of **Hepatitis C**. In addition to their previous review of testing and screening for Hepatitis C, GAO will now focus on clinical treatment of the illness.

Go to: http://vhacoweb1.cio.med.va.gov/skm/ush_hotissue.asp/ for other Hot Topics identified each month by the Under Secretary for Health's Office in VA Central Office.

Read this publication at:

www.oqp.med.va.gov
vaww.oqp.med.va.gov

Under Secretary for Health's Monthly Video Conference Presents Best Practices in VHA Quality and Safety

The Quality Management Integration Council (QMIC), chaired by the Under Secretary for Health, and coordinated by the Office of Quality and Performance, serves primarily as a forum for the discussion of quality and safety issues within the VHA. Meetings are scheduled for the first Wednesday of each month, except January and July, via a 1½ hour video conference, and are also accessible by audio line. Each QMIC typically features three 15-minute presentations, at least one of which involves discussion by a VA medical center or Network of a quality improvement or patient safety initiative. Many of the presentations involve discussions of best practices that can be adapted and used throughout the system. QMIC presentations are archived on the OQP WebSite for your reference, including a summary of each topic and all slides used for each presentation. Following are the QMIC presentations for the past six months. You can obtain the slides for each presentation, as well as other general information about QMIC, at vaww.oqp.med.va.gov/committees/qmic/ppts.asp

2002 QMIC Calendar

There will not be a QMIC meeting in January.

Wednesday, February 6	2:00–3:30 p.m. EST
Wednesday, March 6	2:00–3:30 p.m. EST
Wednesday, April 3	2:00–3:30 p.m. EST
Wednesday, May 1	2:00–3:30 p.m. EST
Wednesday, June 5	2:00–3:30 p.m. EST

There will not be a QMIC meeting in July.

Wednesday, August 7	2:00–3:30 p.m. EST
Wednesday, September 4	2:00–3:30 p.m. EST
Wednesday, October 2	2:00–3:30 p.m. EST
Wednesday, November 6	2:00–3:30 p.m. EST
Wednesday, December 4	2:00–3:30 p.m. EST

The "Audio Only" number will be **1-800-767-1750** (access code 20201). Video lines will be assigned separately.

QMIC Presentations

June–December 2001

December 5, 2001

1. **Hypertension: A National Priority:**
   A discussion of the national VA initiatives to improve care for patients with hypertension.
   Presenter: Peter A. Glassman, MBBS, MSc
2. **Customized Clinical Reminders:**
   A discussion of initiatives in VISN 10 to implement clinical reminders.
   Presenters: Sheila Gelman, MD, Ron Beaulieu, MD, and Gary Downing

November 15, 2001

1. **Preventable Medical Errors:**
   A discussion of estimating the number of preventable hospital deaths, and lessons that could influence policy for quality improvement.
   Presenter: Rodney Hayward, M.D.
2. **VA/NASA Patient Safety Reporting System:**
   A discussion of implementation of VA's Patient Safety Reporting System, a collaborative effort with NASA.
   Presenter: Linda Connell
3. **Special Capacity Report:**
   A discussion of what the Special Capacity Report means to the system.
   Presenter: Eleanor M. Travers, M.D.

October 3, 2001

1. **VISN 8 Best Practice: Managing Pharmacy Costs:**
   A discussion of the steps taken at the VISN 8 level to reduce pharmacy costs at a time of increased patient enrollment.
   Presenters: Nevin Weaver, Deputy Network Director
   Mark Walton, VISN 8 Pharmacy Benefits Manager
2. **VISN 20: Quality Achievement Recognition Grant Award/Baldrige Framework: Benefits and Lessons Learned**
   A discussion of some of the benefits VISN 20 derived from participating in the Quality Achievement Recognition Grant Award and Baldrige process.
   Presenter: Jeff Bellah, Quality Management Officer
3. **Automated Inpatient Medication Safety Program:**
   A discussion of Durham's pilot implementation of the NEXTRX inpatient medication dispensing system and the benefits of utilizing this system.
   Presenters: James M. Clark, RPh, MBA, Chief Pharmacy Svc, VAMC Durham
   Mary Tatum, RC, C, MSN, Nursing Informatics Coordinator, VAMC Durham

September 5, 2001

1. **Access to Specialty Care at Portland VA Medical Center:**
   Discussion of methods used at Portland VA Medical Center to decrease waiting times for specialty clinics.
   Presenter: Constance Smith
2. **Shared Credentialing Program at Indianapolis VA Medical Center:**
   Discussion of some of the benefits of a shared credentialing program between Indianapolis VA and several medical facilities in the area.
   Presenter: Patty Sloan
3. Radiology Incomplete Exams in VISN 16:
   Discussion of VISN 16's efforts to reduce number of incomplete Radiology exams at their facilities.
   Presenter: Dee Marshall

August 1, 2001 [July and August meetings COMBINED]

1. **A Multi-Site Randomized Trial of Team-Managed Home Based Primary Care:**
   Discussion of Dr. Weaver's article on VA home care that appeared in the December 13, 2000, issue of JAMA.
   Presenter: Frances Weaver, PhD
2. **Overview of Root Cause Analysis Database Software (aka SPOT):**
   Discussion of some of the process of implementing root cause analysis database software, including benefits and issues.
   Presenter: John Gosbee, MD, MS

June 6, 2001

1. **Pressure Ulcer Prevention and Management/An Integrated Approach**
   Discussion of VISN-wide effort to reduce pressure ulcers.
   Presenter: Mary Supey, R.N., M.S., Clinical Coordinator VISN Prosthetics
2. **Guidelines for Pre-Operative Testing: A Significant Cost Saver at the Houston VAMC:**
   Discussion of process for eliminating certain pre-op tests and realizing cost savings at Houston VAMC.
   Presenters: Kamal MF Itani, M.D.
   Beverly Rashad, R.N.

QUALITY Resources

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